

Twelfth Amendment to the IME Professional Services, Provider Services Contract

This Amendment to Contract Number MED-10-001-B is effective as of August 1, 2016, between the Iowa Department of Human Services (Agency) and Policy Studies Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. The Contract is hereby amended by replacing Attachment 2-8, which was incorporated into the Contract through the Eleventh Amendment, with the document attached hereto as Attachment 2-8.

Revision 2. The Contract is hereby amended by replacing Schedule A: Payment Schedule, which was incorporated into the Contract through the Eleventh Amendment, with the document attached hereto as Schedule A: Payment Schedule.

Revision 3. Federal Funds. The following federal funds information is provided:


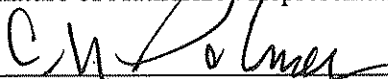
Contract Payments include Federal Funds? Yes	
The contractor for federal reporting purposes under this contract is a: Vendor	
DUNS #: 149410573	
The Name of the Pass-Through Entity: Iowa Department of Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Department of Health
Grant Name: Medical Assistance Program	and Human Services/Centers for Medicare and Medicaid Services

Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Policy Studies Inc.		Agency, Iowa Department of Human Services	
Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
	8-12-16		8-22-16
Printed Name: Charles K. Sweeney II		Printed Name: Charles M. Palmer	
Title: Vice President, Contracts		Title: Director	

Attachment 2-8

The Contractor will provide support of the Medicaid modernization effort underway at the Agency. This effort is expected to “go live” April 1, 2016. However, the elements of this amendment pertaining to scope, timing, and fees may be modified by the State with at least 30 days advance notice. If such notice is provided by the State, the parties shall work in good faith to identify and address impacts to scope, timing and fees, and execute an amendment to the contract.

- From October 2015 through April 2016, additional provider enrollment staff and existing team members will support the Agency’s provider enrollment activity.
- At all times, the Contractor shall maintain sufficient staffing to meet all contractually-required deliverables and performance measures.
- Effective May 1, 2016 or one month after “go live,” whichever is later the Contractor may streamline the Provider Services call center by integrating staff into the Member Services call center.
 - Effective on the same date, Provider Inquiries, Provider Relations, and I-HAWP Operations Support are expected to be consolidated into the Member Services call center. To the extent that I-HAWP responsibilities have been taken over by the Medicaid managed care organizations, those responsibilities are removed from the Contractor’s scope of work.
- Effective January 1, 2016, the ICD-10 project will be completed and shall be removed from the scope of work.

Effective May 1, 2016, or later if “go live” is delayed, the Provider Services call center will be removed from the scope of work (RFP Section 6.4.2) and the call center obligations under Amendment 8. To ensure seamless integration of Member and Provider Call Center services, effective January 2016 Contractor staff shall be provided access to all systems necessary to perform call center functions of both Member and Provider Services Contracts.

Contractor Deliverables

- Process all required provider enrollments dictated by law or Agency policy, including those for mental health and substance abuse providers, MCO providers, provider re- enrollments, and recertifications.
- Conduct high- and moderate-risk provider re-enrollments, to include notification of the new ACA requirement and continued outreach, as necessary to ensure compliance.
- Meet all State guidelines for ACA reenrollment and HCBS recertification.
- Send Agency-approved publications to members and providers, as appropriate.
- Conduct formal weekly status meetings with Agency-designated staff throughout the period covered by this amendment. These meetings may be cancelled or held less frequently if directed by the Agency.
- Provide weekly reports in an electronic form with format and content acceptable to the Agency, covering at least the following topics:
 - Contractor staffing levels
 - Provider enrollment, re-enrollment, and re-certification activity, broken out by program and provider type
 - ☐ Applications received
 - ☐ Applications processed to completion
 - ☐ Number of providers enrolled
 - ☐ Dates of receipt, processing, completion, etc. sufficient to monitor and calculate performance

- Call volume
 - Average handle time
 - Average wait time
 - Call reason codes
 - Complaints
- For the period of August 2016 through January 2017, Contractor will provide a Provider Managed Care Liaison who will take action to resolve crisis or critical issues from providers, legislators, and/or other key stakeholders. Provider Managed Care Liaison will take action to resolve the issue through a collaborative process with the provider, MCO and/or DHS. Contractor duties include, but are not limited to:
 - Receive notifications from DHS regarding difficult and complex provider issues
 - Receive and log all incoming requests related to critical provider issues.
 - Establish and maintain ongoing communications with the providers and MCOs as part of efforts to resolve critical issues.
 - Coordinate resolution efforts directly with designated MCO personnel related to critical issues.
 - Work with operating divisions to communicate complex and critical issues and to receive feedback to be communicated to the appropriate MCOs.
 - Work with MCOs to establish timeframes for resolution of critical provider issues
 - Track and report on MCO responses, including adequacy and timeliness. Identifies overarching themes and issues and works with DHS and MCOs to address them.
 - Consult with DHS regarding any questions and/or concerns related to the adequacy or timeliness of MCO responses necessary for resolution of critical provider issues.
 - Provides DHS with updates regarding complex and critical provider issues.

Performance Measures

- Contractor shall meet the following reenrollment deadlines:
 - Reenrollment and fingerprinting for those high and moderate risk providers that cooperate with the new ACA requirement, to be completed before September 25, 2016.
 - Reenrollment for all remaining providers and waiver recertifications to be completed by June 30, 2017.
- Unless specifically amended, Contractor shall comply with all Performance Standards outlined elsewhere in the Contract in relation to services provided pursuant to Amendment 12.
- Submit updates and reports to DHS management on critical incidents and MCO responses at minimum weekly.
- Contractor shall meet the following timeframes for issue resolution:
 - Critical provider billing situations: Establish resolution process with provider and MCO within 48 hours unless otherwise specified by DHS.
 - Non-critical provider situations: Establish resolution process with provider and MCO within five (5) business days unless otherwise specified by DHS.

Agency Responsibilities

- DHS will receive and log all incoming provider requests related to critical provider issues.

- DHS will forward all incoming provider critical issue requests to the Contractor Provider Managed Care Liaison for proper disposition and resolution.
- DHS will provide an expected due date for resolution of the request.
 - Critical provider situation – Resolved by the MCO within 72 hours of DHS referral.
 - Non-critical provider situation – Resolved by the MCO within 5 working days of DHS referral.
- DHS will forward to Contractor names of single Point of Contact (POC) for each MCO.
- MCO will respond directly to legislative requests and provide DHS with copy of response for the tracking log.

MED-10-001-B
Schedule A: Payment
Schedule

Contract Time Period	Month of Service	Invoice Amount	SFY Total
SFY11	July-10	\$241,335.08	
	August-10	\$241,335.08	
	September-10	\$241,335.08	
	October-10	\$241,335.08	
	November-10	\$241,335.08	
	December-10	\$241,335.08	
	January-11	\$267,046.01	
	February-11	\$267,046.01	
	March-11	\$278,213.08	
	April-11	\$276,433.08	
	May-11	\$276,093.08	
	June-11	\$274,213.08	SFY11: \$3,087,054.82
SFY12	July-11	\$281,077.45	
	August-11	\$281,077.45	
	September-11	\$283,102.45	
	October-11	\$283,102.45	
	November-11	\$283,102.45	
	December-11	\$283,102.45	
	January-12	\$283,102.45	
	February-12	\$283,102.45	
	March-12	\$273,910.38	
	April-12	\$273,910.38	
	May-12	\$273,910.38	
	June-12	\$311,173.38	SFY12: \$3,393,674.12
SFY13	July-12	\$333,648.53	
	August-12	\$312,148.13	
	September-12	\$312,148.13	
	October-12	\$312,148.13	
	November-12	\$312,148.13	
	December-12	\$312,148.13	
	January-13	\$312,148.13	
	February-13	\$312,148.13	
	March-13	\$312,148.13	
	April-13	\$312,148.13	
	May-13	\$312,148.13	
	June-13	\$312,148.13	SFY13: \$3,767,277.96
SFY14	July-13	\$310,144.41	
	August-13	\$310,144.41	
	September-13	\$310,144.41	

Contract Time Period	Month of Service	Invoice Amount	SFY Total
	October-13	\$310,144.41	
	November-13	\$310,144.41	
	December-13	\$310,144.41	
	January-14	\$310,144.41	
	February-14	\$310,144.41	
	March-14	\$310,144.41	
	April-14	\$310,144.41	
	May-14	\$310,144.41	
	June-14	\$310,144.41	SFY14: \$3,721,732.92
SFY15	July-14	\$319,154.41	
	August-14	\$304,487.74	
	September-14	\$304,487.74	
	October-14	\$317,882.74	
	November-14	\$317,882.74	
	December-14	\$317,882.74	
	January-15	\$317,882.74	
	February-15	\$330,081.74	
	March-15	\$330,081.74	
	April-15	\$330,081.74	
	May-15	\$330,081.74	
	June-15	\$330,081.74	SFY15: \$3,850,069.55
SFY16	July-15	\$337,720.24	
	August-15	\$337,720.24	
	September-15	\$337,720.24	
	October-15	\$360,472.00	
	November-15	\$360,472.00	
	December-15	\$360,472.00	
	January-16	\$360,472.00	
	February-16	\$348,273.00	
	March-16	\$348,273.00	
	April-16	\$348,273.00	
	May-16	\$231,312.00	
	June-16	\$231,312.00	SFY16: \$3,962,491.72

Optional Year Four

SFY17	July-16	\$231,312.00
	August-16	\$241,499.00
	September-16	\$241,499.00
	October-16	\$241,499.00
	November-16	\$241,499.00
	December-16	\$241,499.00
	January-17	\$241,499.00

	February-17	\$231,312.00	
	March-17	\$231,312.00	
	April-17	\$231,312.00	
	May-17	\$231,312.00	
	June-17	\$231,312.00	SFY17: \$2,836,866.00
Grand Total (including optional extensions)		\$24,619,167.09	